

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	X200	10-00
O.I.P.E. CLASSIFIER		10	1-20-00
FORMALITY REVIEW		71551	1-29-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	-	-	2/20/00
2	✓	✓	2/20/00
3	✓	✓	2/20/00
4	✓	✓	2/20/00
5	-	-	2/20/00
6	✓	✓	2/20/00
7	✓	✓	2/20/00
8	✓	✓	2/20/00
9	✓	✓	2/20/00
10	✓	✓	2/20/00
11	✓	✓	2/20/00
12	✓	✓	2/20/00
13	✓	✓	2/20/00
14	✓	✓	2/20/00
15	✓	✓	2/20/00
16	✓	✓	2/20/00
17	✓	✓	2/20/00
18	✓	✓	2/20/00
19	✓	✓	2/20/00
20	✓	✓	2/20/00
21	✓	✓	2/20/00
22	✓	✓	2/20/00
23	✓	✓	2/20/00
24	✓	✓	2/20/00
25	✓	✓	2/20/00
26	✓	✓	2/20/00
27	✓	✓	2/20/00
28	✓	✓	2/20/00
29	✓	✓	2/20/00
30	✓	✓	2/20/00
31	✓	✓	2/20/00
32	✓	✓	2/20/00
33	✓	✓	2/20/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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